Introduction

The debriefing sessions described in this report were the result of a recognition that the system of care procurement is wider in scope and deeper in its affect on practice than any procurement conducted by DSS for several years. We knew that DSS' procurement work had to include from the beginning the insights and lessons learned from in-house experts about the strengths in the current system, the challenges they face in doing their work, and suggestions for improvements that they would like to see in the new service system. To accomplish this, we held group interviews / debriefing sessions with nineteen groups representing a broad range of functional and specialty expertise. We wanted to give participants the opportunity to share their local experience while also taking a system-wide view with colleagues from across the state.

The discussion for each session was organized around the following questions:

- What is your interaction with the purchased services system?
- How does the service system help you do your job? What are its strengths?
- How does the service system get in your way? What are its weaknesses?
- What improvements would you like to see in the system?

We grounded the discussion of these questions in a very high level case flow. That is, we addressed these questions at the front door (e.g., intake, investigation, assessment), ongoing case work, and the back door (e.g., discharge, permanency planning).

Attached to this report is a list of the debriefing sessions conducted with each of the specialty and functional groups. Representatives of the Department's administrative functions also attended many of the sessions to ensure that the procurement aligns the administrative structures with the programmatic and clinical work of the system. Each session was co-facilitated by a manager in the Planning & Program Development Unit and the procurement project manager.

The Department's core values (child-driven, family-centered, community-focused, strengths-based, cultural safety, and committed to continuous learning) and major outcomes (safety, permanency, well-being) were implicit in all of these conversations. While we did not address them directly, they were reflected in many of the comments. The conversations and this report do not address the important issue of delegating decision-making responsibilities to lead agencies in the new system of care. That piece of work was the subject of the consensus-building process and has been described in separate project materials and a final report. The participants in these debriefings did raise the need to clarify decision-making roles based on their experience and observations and were pleased and supportive of the consensus process.

Themes from Debriefing Sessions

Perhaps the most important conclusion to report is the rich experience and knowledge that exists throughout the Department. The thoughtful insight and analysis that each participant brought to our conversations bodes extremely well for our work in designing,

implementing, and managing an integrated service system. The debriefing sessions provided a tremendous amount of information about the manner in which the current service system supports, or could better support, the Department's work with children and their families. The Procurement Review Workgroup developed the initial recommendations and working hypothesis that shape the system of care vision and which the Department has continued to test and refine. The purpose and value of the debriefing sessions is that they greatly inform the content / substance of the service networks, programs, and our relationships with partners and stakeholders. Identifying the substantive needs for the system allows us to better refine the proposed lead agency model. It also guides the development and testing of the financing, contracting, and technological tools that build the infrastructure that shape and support the system.

The Department's vision for an integrated service system has always been ambitious and it recognizes that this requires a commitment to a multi-year implementation strategy. Identifying the starting points for leveraging change is in part a matter of logistics and financing. But it is also a matter of harnessing the energy that exists around the challenges that have the biggest impact on our work across functional and specialty areas and the opportunities for change that are most compelling. When one looks at the major themes (which will become our major areas of work), it is clear that building a system that truly achieves success in all of these areas will take time. That said, we believe that DSS' system of care will be a success if it…

- Engages families at the front door,
- Increases the quality of and access to assessment services and expertise,
- Corrects the structural incoherence between Departmental and contracted foster care,
- Makes easier the integration of informal supports with purchased services,
- Promotes the re-engineering of residential services,
- Engages school systems in ensuring DSS-involved children receive a quality education,
- Invests more in supporting permanency and transitions to young adulthood,
- Benefits social work staff by making access to and use of the service system less bureaucratic,
- Provides management systems for allocating and prioritizing resources, and
- Builds meaningful and appropriate accountability throughout the system.

Family Engagement at the Front Door

Where DSS staff have experience in starting services earlier in a case (e.g. investigation, assessment), they uniformly say that it is a better approach to working with families. CAP managers and others noted that providing services during assessment typically

results in a better assessment. Many noted that the tone set at the beginning of a case carries through its duration. Interestingly, a workgroup of providers made the same observation, commenting that one of the important tools that DSS can give providers is setting the right tone in its work with families.

Family Based Services (FBS) is the largest initiative through which the Department has promoted the practice of family engagement. Multi-disciplinary Assessment Teams (MDAT) and Family Group Conferencing (FGC) do so as well, but on a smaller scale. The number of families who are attending FBS team meetings varies across the state. Area Offices continually work to improve this experience. Some have examined the size of team meetings (the number of providers attending), some work with families prior to meetings to support them in their participation, some are conducting utilization review meetings in families' homes. All noted that decisions and services are better when the family participates in the team meeting.

The commitment to engaging families productively is guided by a commitment to helping families regain / maintain their responsibility for their children. Many commented on the importance of being honest with parents about safety issues and their care-giving responsibilities. They would like to see the Department's Sliding Fee Program re-invigorated as an important way to hold parents accountable. Family Advocates and the Parenting Partners foster care model were both cited as effective ways to engage and support families.

Assessments

Given the importance of the work done at the beginning of a case, the gap in assessment service capacity and expertise is a critical challenge for the system. Staff at all levels in Areas Offices cited the need for increased capacity and access to a range of evaluation services, including psychological evaluations, parent evaluations, meaningful Assessments for Safe & Appropriate Placements (ASAPs), etc. The Adolescent Assessment Units (AAUs) were noted as a past strength in the system that is missing today. Many staff noted the valuable in-house expertise at DSS (e.g., mental health, substance abuse, domestic violence) but said there are not enough of these specialists. Assessments should include or inform Safety Plans (ASAP evaluations were noted for their lack in doing so). Safety planning will be important in working with the courts and schools as DSS works to bring kids back to community from residential placements. Good assessments at the front door don't negate the need for access to assessment capacity throughout the phases of casework.

While supervisors and other managers raised the need for more assessment capacity, they are also frustrated that the assessment work that DSS does do is often questioned or re-done by lead agencies. They feel strongly that DSS staff's assessments should stand and be sufficient to begin a treatment plan. This may point to the challenges of building well-functioning teams in which members contribute equally and collaboratively to identify service needs. In some cases, DSS staff felt that the team meetings operated in a manner

that diminished their experience and expertise. This was particularly concerning because they feel that DSS staff do a better job at assessing safety and risk issues than do provider staff.

Integrating Informal Supports and non-DSS funded Services

One of the great, somewhat unrealized hopes of the FBS procurement was that networks would blend DSS purchased services with informal and community supports. The benefit of the FBS experience is that we have learned that doing so takes more effort, skill, and local knowledge than we previously recognized. There are two experiences with informal supports. One is that many of the families involved with DSS have non-traditional supports and/or receive non-DSS funded services. Maximizing our resources to improve outcomes is a matter of spending smarter not greater. The other is that cultivating relationships with and building the capacity of these supports requires time and sometimes a financial investment.

Departmental and Contracted Foster Care

The Department relies heavily on both Departmental foster homes and specialized / therapeutic foster homes purchased from contracted agencies. This reliance will only increase as DSS pursues its vision and commitment to caring for more children in their communities instead of in long-term residential placements. Currently, there are numerous structural and operational factors that result in a confusing blur between these two program types.

The rate structure has created a situation in which the Department essentially competes with itself – its own Departmental homes are leaving to become homes associated with providers under contracts with the Department. As contracted foster care use increases, the overall pool of homes is not growing to keep pace, instead there is increased competition for existing homes. The demand (emergency and otherwise) for foster care placement means that kids are often placed in the first available home, rather than a home matched to their level of needs. Kids placed in Departmental foster care are often similar to those placed in contracted foster care, but DSS homes get paid a lower rate.

The new system must support both new models of foster care through contracted agencies and provide new ways to support DSS' homes. There are too many situations that are not easily accommodated by the current foster care models. For example, placing siblings together requires a work-around when one of the siblings has a significantly different level of need than the other(s). Permanency for children is impeded by the difference in financial and other support received under contracted foster care as compared with adoption subsidies. DSS Social Workers are often the "third parent", responsible for transportation and/or day activities for kids in foster homes because foster parents can't absorb this responsibility.

Re-engineering Residential

One of the most encouraging aspects of the debriefing conversations was the degree to which DSS staff share with providers the same hopes for and interest in change in residential programming. Parallel to the debriefing sessions, the Department convened a workgroup of residential, foster care, and family based services providers to examine the need for and challenges in better connecting residential programs to community settings and services. The parallels between these two conversations, at both the conceptual level and in the detailed examples, are striking. The importance of this cannot be overstated – innovation in this area of the service system is the first point of leverage in moving the entire system forward. There is broad agreement that some number of children currently cared for in long-term residential placements could be equally or better cared for in their homes or community settings. [Pinpointing the 'right number' is, however, a source of some debate.] The Department knows from experience that building community capacity, whether through FBS or residential diversion programs, takes time, a thoughtful strategy, and a commitment to providers who will be asked to develop programs and invest in staff.

Supporting Permanency and Transitions to Young Adulthood

One of the fundamental measures that the Department has posited for measuring its success is the extent to which it increases the number of youth leaving its care with a healthy sustained relationship with a caring adult. Numerous comments indicated that we fall well short of this goal and pointed to the causes and results of doing so. Nearly everyone had experience, and in increasing numbers, with disrupted adoptions and guardianships. Post-adoption services do not exist at the levels needed. Residential programs need to do better on independent living skills and supporting youth as they transition to young adulthood. DSS and providers need to recognize that as youth turn 18 they often go back to families regardless of DSS' previous assessment of risk/safety issues.

Education

A number of important partners and stakeholders were identified during the debriefing sessions. The one most frequently mentioned is the education system, including individual schools, local education authorities, and the Department of Education. The Courts certainly play a major role in child protection and CHINS and DSS staff are eager to engage judges in our system of care procurement discussions. Some of the children we care for need DMR or DMH or Child Care services. However, education is a universal experience (or ought to be) for every child. The innovations identified above for connecting residential programs to community have significant implications for public schools and Ch. 766 residential schools. Families cannot successfully maintain children in their home and community without the proper supports for their attendance in school.

Working collaboratively with the educational system is one of the most vexing challenges that DSS staff face on a daily basis. Many groups recommended that each Area Office have a full-time education advocate to help bridge the two systems, separated by mission, organizational structure, language, priorities, etc. Structural solutions seem more elusive, yet offer the longer-term relief needed in this area. Some cited certain school districts as good partners; others cited community group home models as good examples of collaborating with schools.

Benefits to the Social Worker

As with all DSS' organizational change efforts, the system of care procurement must support and improve the point of practice between the social worker and the child, family, and community. One of the most important criteria for evaluating any model for the new system is whether there are benefits to the worker. Specific benefits that were proposed include: being able to provide better service to clients; being heard and having their opinion valued; having more time to spend with families; and having a greater sense of accomplishment. Attending a team meeting has to be a benefit to the worker, not simply result in additions to their task list.

It has been suggested that child welfare practice has moved too far away from social work towards case management. The new system could reinforce the value of social work by reducing the bureaucracy of the service system. A single point of entry that makes life a bit simpler for workers would an enormous benefit.

Many noted the value of teaming and collaboration. Some have experienced a positive relationship with their FBS and/or Commonworks lead agency service coordinators. These lead agency staff are viewed as being skilled in building positive relationships and in convening productive team meetings. However, some also noted that workers who participate in team meetings with lead agencies are left feeling that their experience and work with families is being devalued and diminished by the design and operation of lead agencies. The value and challenges of establishing relationships among workers and leads and providers are not unique among the relationships throughout the service system that need attention. All relationships are important, take time (which can cost money), and are enhanced by shared values, language and training.

Allocating and Prioritizing Resources

Success in many of the areas described above will require moving money to the "front end" of the service system. Doing so will be one of the most critical challenges of the new system. Based on their experience in managing limited resources in today's system, DSS staff identified the challenges we will face and some of the management tools that will be needed. On a daily operational basis, there are lessons regarding holding aside

capacity (e.g. beds) in anticipation of emergencies (which are inevitable); how quickly it is fair to terminate services if a family is not engaged; etc. Spending money at the front-end or on preventive services must be done wisely and result in a corresponding decrease need for higher end services.

Resource coordinators, Commonworks coordinators, and others play a troubleshooting role negotiating and balancing competing priorities on a daily basis. The new system should reduce the need for reacting to problems and increase the opportunity to proactively design solutions. Here too there are lessons regarding the challenges on a program design level. FBS Networks and Residential Diversion Programs have revealed some of the challenges in allocating sufficient resources to build new, innovative models.

Ultimately, the success of the new system depends on our skill and ability to re-allocate resources from the so-called high-end/ deep-end to the front-end, early stages of work with families.

Accountability

Accountability in the service system today tends to be more reactive than proactive. We respond to crises, complaints, and incidents. This is not to diminish the value of this work – we do identify (and solve) problems as well as larger practice trends and policy matters. However, DSS staff strongly advocated for a more robust accountability system that was proactive and focused on quality. They believe that the Department does not set expectations for providers clearly enough or high enough. [Members of the provider community have said the same.] There are a number of beneficiaries to a system of clear, consistent expectations: families, DSS staff, providers, judges, schools, etc.

A basic requirement for an effective accountability system is a consistent set of statewide standards. Such standards should leave room for appropriate local innovation but not be subject to diluting by responses to local emergencies and unique practices. Resource Coordinators clearly articulated the Department's obligation to be more consistent in its own practice and expectations if it is to hold providers accountable. While they wanted to see more real consequences for poor performance, they recognized that is hard to enforce if the Department's own practice contributes to a provider's poor performance. DSS' accountability to the community means looking at the efficiency and effectiveness of programs and the achievement of outcomes.

In setting expectations for its service system, DSS should play a leadership role in children's policy. DSS has expertise in mental health, substance abuse, and domestic violence, the three risk factors most prevalent in our families' lives. DSS staff urged the Department to take a leading role in working with its public and private sector partners to set expectations and standards for the design and delivery of services to the families, adolescents, and young children involved in the child welfare system.

Debriefings Sessions

Mental Health and Substance Abuse Specialists

Domestic Violence Specialists

Family Advocates from MDAT, CAP, and MHSPY

Commonworks Education Coordinators

Collaborative Assessment Program Managers

FBS Planners, Family Support Specialists, FGC Pilot Coordinators

Res Planners, Commonworks Coordinators, Education Specialist

Youth Advisory Board

Adolescent Outreach Workers

Family Resource Supervisors and Managers

Biological, Adoptive, and Foster Parents

AAMs

Staff Attorneys

Area Program Managers

Resource Coordinators

Supervisors

Social Workers

RELMA

Community Connections Coalitions